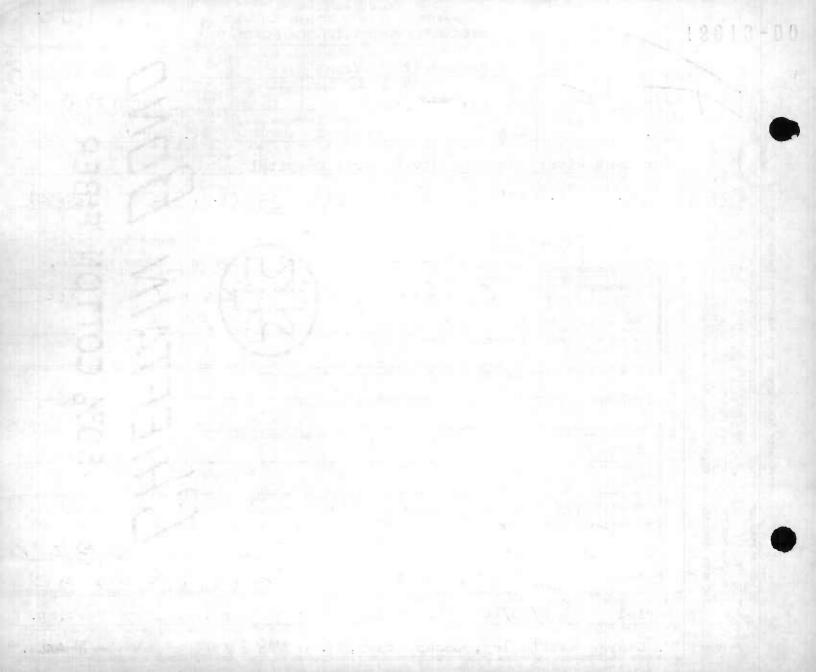
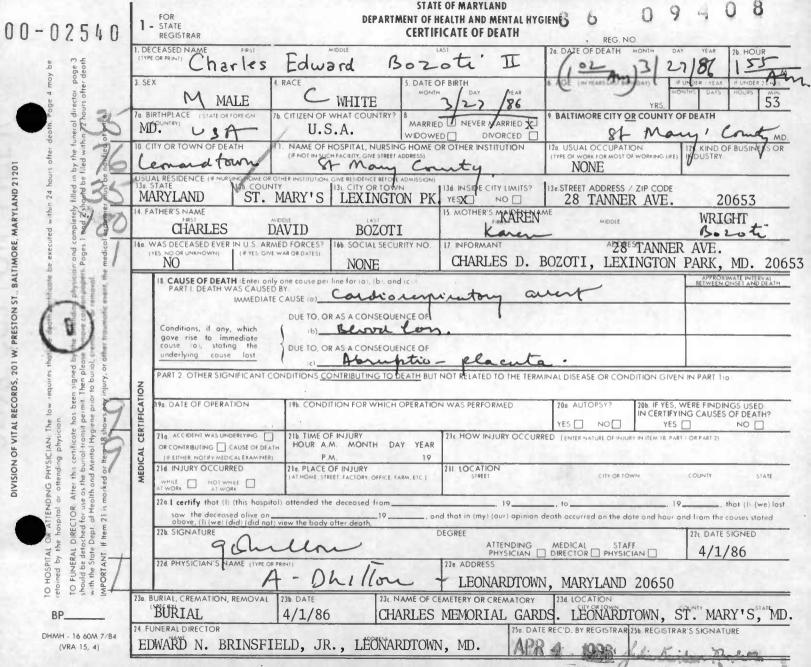
Film G615 item 5 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 5 REG. NO 20. DATE KNOWN TIPE OF PENIL! OF **ESTI** Theodore Roosevelt DEATH MATED Barnes March 197 SEX DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) RONOUNCED July 17, 1904 Black DEAD March TE CITIZEN OF WHAT COUNTRY a BIRTHPLACE ISTATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY: MARRIED NEVER MARRIED Md. USA WIDOWED 3 DIVORCED St. Mary's IS CITY OF TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! Patuxent River Naval Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) le. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS St. Mary's Lexington Parks 20653 NO XIX Rt.4. Box 34 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE Lucy Barnes Neal 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 216-12-4420 Catherine Barnes Same as 13e. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM ETC.) AT WORK AT WORK CITY OR TOWN STATE 220 I certify that I took charge of the remains described above, held an Autopsy and in my apinion death resulted from: Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 73c NAME OF CEMETERY OR CREMATORY Burial 3/23/86 Immaculate Heart of Mary, Lexington Park, St. 07/B4 25M 24 FUNERAL DIRECTOR 1250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE Marys **DHMH - 17** W. Clarke Mattingley, Leonardtown, Md. (VR A15 ME (5))





0-00182	1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	SIENB 6 0 9	409
		ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	20 110011
oy be		ANNA	В.	BROOKS	March 3, 1986	2:10 P _M
To po	3 SE	X	4. RACE	5 DATE OF BIRTH		UNDER LYEAR IF UNDER 24 HRS
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2 Por 20 1	Pa. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY C	OF DEATH
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the the		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
by filed		eonardtown	St. Mary		HOMEMAKER	
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d by the cose of, cre		underlying cause fast	DUE TO, OR AS A CONSEQUE	Troums	nia)	ally
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beer mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES,	WERE FIND MGS USED ING CAUSES OF DEATH?
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after the bas the notated orked	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE F		CITORIOWN	STATE
TENDII dal or OR A or use or use of Health		22a I certify that (I) (n 19 ottended the deceased from	, and that in (my) (cal) apinion	death occurred on the date and hour	ond from the couses stated

ck Jarboe 23b. DATE

22a I certify that (I) (hack

M.D.

ATTENDING PHYSICIAN Med.

DEGREE

MEDICAL

Arts Building, Leonardtown, MD

230 BURIAL, CREMATION, REMOVAL BURIAL

23c NAME OF CEMETERY OR CREMATORY MT. ZION

ST. INIGOES, ST. MARY'S, MD.

24 FUNERAL DIRECTOR

22b. SIGNATURE

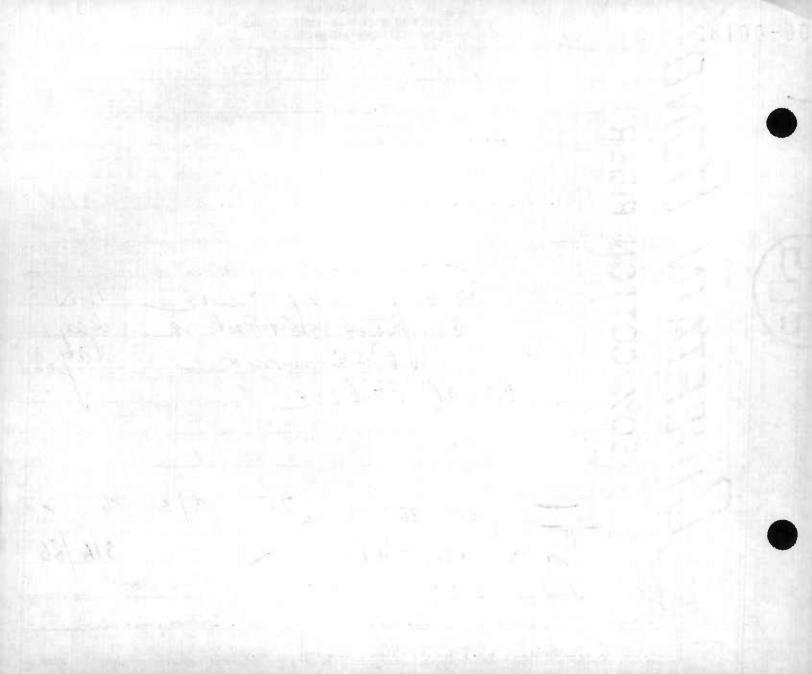
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

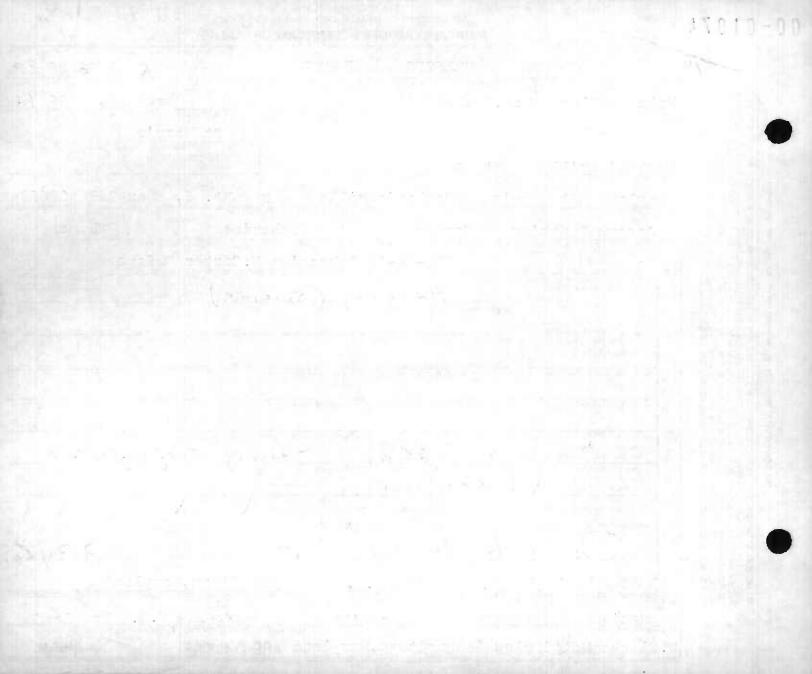
BP.

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

3/8/86



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENED 00-01974 REGISTRAR REG. NO DECEASED NAME 2g. DATE KNOWN (TYPE OR PRINT) EST1 FRANCIS CARTER JOSEPH DEATH MATED SEX 4. RACE IF UNDER 24 HRS 2c DATE LAST GIRTHDAY PRONOUNCED 1986 Dec. 28, 1936 DEAD March 29. Male Black TE CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland St Mary's USA DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Mechanicsville at home 134 INSIDE CITY LIMITS? 134 STREET ADDRESS Rt. 5, 13c. CITY OR TOWN Mechanicsville -20659 St Mary's Box 343 Maryland 15 MOTHER'S MAIDEN NAME MIDDLE Thomas Catherine Joseph Ignatius Carter 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 579-50-3981 Bernice E.Carter Same No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO IFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO T 210. EXTERNAL CAUSE WAS HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION CITY OR TOWN COUNTY STATE WHILE AT WORK Wear 220 I certify that I taok charge of the remains described above, held on Autapsy Inspection and in my opinian Natural causes Homicide Undetermined manner William D. Boyd 11, M.D. ADDRESS. Leonardtown, Maryland 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION Cremation Cedar Hill 3/30/1986 25M W. Clarke Mattingley Leonardtown, Maryland (VR A15 ME (5))



COUNTY and that in (my) (aur) apinion death occurred on the date and have and from the causes stated 22c DATE SIGNED STAFF ATTENDING MEDICAL Should be deto with the State [PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME TTYPE OF PRINT 77e ADDRESS IMPORT/ Leonardtown, Md. 20650 Ila Shah. M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY (SPECIFY) dns. Leonardtown, St. Mary 3/20/86 Charles Memorial Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 W. Clarke Mattingley, Leonardtown, Md. (VRA 15, 4)

26 HOUR

12b. KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

DAYS

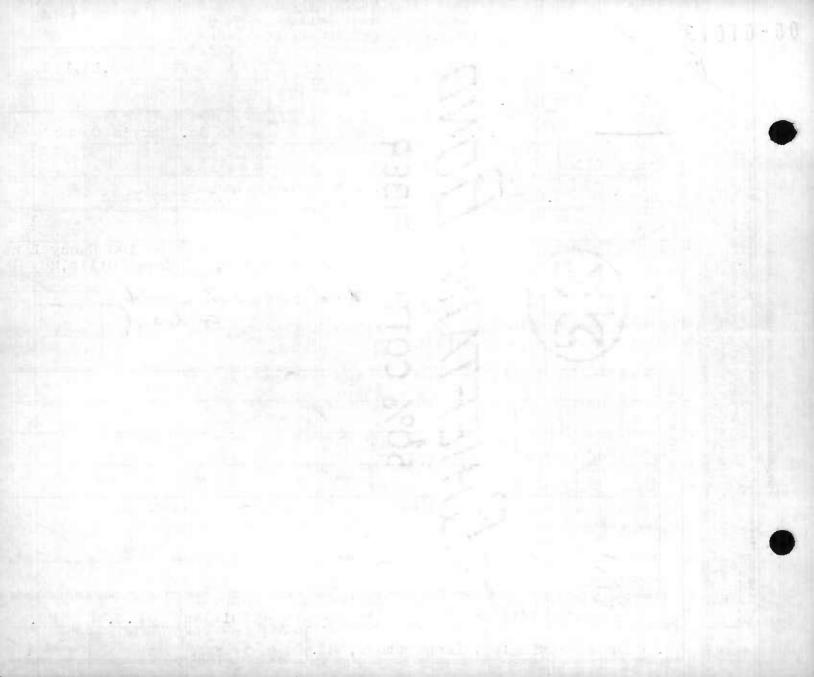
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE - STATE REG. NO 20 DATE KNOWN OF THE PRINTS George Knight Dobler DEATH MATED Mar. 18,1986 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE 24 HOUR LAST BIRTHDAY PRONOUNCED 65 YRS Male Nov. 5, 1920 White DEAD Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR FOREIGN COUNTRY) MISSOURI BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED U.S.A. St. Mary's County Oklahoma ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

at home FOR MOST OF WORKING LIFE) Great Mills USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 130 STREET ADDRESS Nancy Lane 13d. INSIDE CITY LIMITS? St.Mary's Great Mills Maryland 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Bruce Owen Mildred Luckhardt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 103 Nancy Lane LYES, NO. OR UNKNOWN) 555/22/6346 Scott Dobler. Great Mills, Md 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] R. PAGE 3 SHOULD BE LESTATE DEPARTMENT 210 EXTERNAL CAUSE WAS TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 0 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 71d INJURY OCCURRED IF LOCATION STREET, FACTORY, FARM, ETC) STREET CITY OR TOWN WHILE NOT WHILE COUNTY STATE 220 I certify that I took charge of the remains described above, held an and in my apinian death resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNATURE MEDICAL EXAMINER SIGNED TYPE OF PRINT p THE BURIAL CREMATION REMOVAL THE DATE 13r. NAME OF CEMETERY OF CREMATORY THE LOCATION Cremation 3/19/86 Cedar Hill Crematory Suitland Md. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Mattingley, Leonardtown, Md. (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 13 6

ATH	REG. NO			
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TENDING HYSICIAN	MEDICAL STAF	: AN []	22¢ DATE	SIGNED
rd town	Md. 20650			

DHMH - 16 60M 7/84 (VRA 15, 4)

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Burial 24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

236 DATE

3/24/

86

23c. NAME OF CEMETERY OR CE

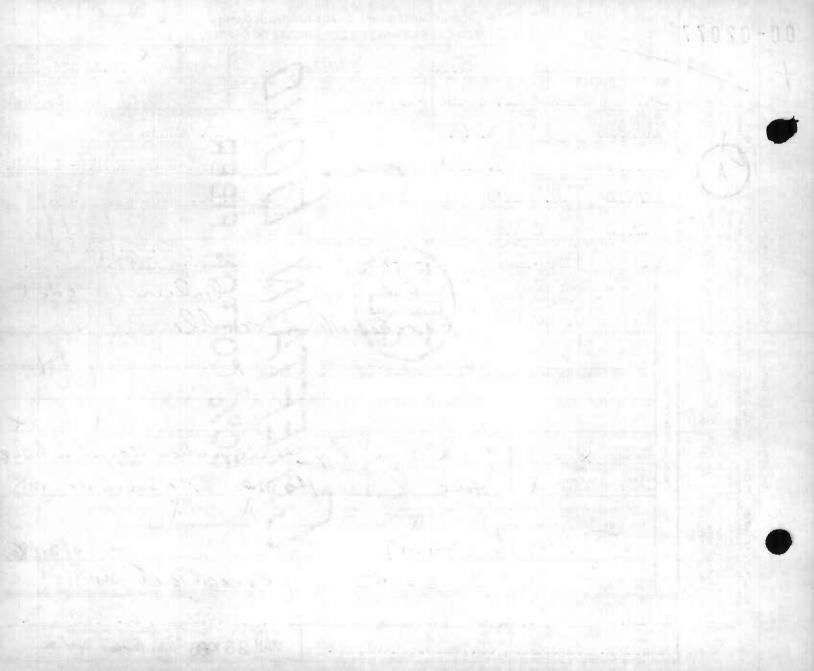
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St. Mary's Cath.Ch Bryantown, Charles, Md.

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00-0045	11-	STATE REGISTRAR	MEDICAL EXAMI	NER'S CERTIFICATE O		
14		CEASED NAME FIRST	WIDDLE	LAST	20 DATE KNOWN X MON	TH DAY YEAR 26 HOUR
PLES R. S. P. S. P		JAMES	WELLINGTON	EDWARDS	DEATH MATED 3/	13/ 1986 M
NECESSARY, PLEASE UNERFL DIRECTOR. S. FOR YOU'R FILES. WITHIN 72 HOURS WITHIN 72 HOURS	3 SE M	ale White	March 9, 1934 LASS 52		PRONOUNCED March	13, 19 86 26 HOUR
A LANGE SES	7a B	ORTHPLACE (STATE OR DREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARR	BALTIMORE CITY OR COL	JNTY OF DEATH
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A H L W L	14. F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAID	EN NAME MIDDLE	LAST
DEAT SES	1	Eugene W	V. Edwards	Louise	D	eane
BALTIMORE RS AFTER DEA E. GIVE PAGES WITH FOR F. PAGES 1 AN DIVISION F.	160	WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)		ADDRESS Rt	.1, Box 184
S AFT GIVE ITH F PAGE IVISIO	Υe		579-42-	7794 Louise	D. Vereka Holl	ywood, Md.
MAT.		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUS	anly one cause per line for (g), (b), and (c).) SED BY:	M 1.	1 11	APPROXIMATE INTERVAL
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TAL ECOIDS, 221 HOU DE EXECUTE RD, FENENCISCE USED AS A BUFFA OF HEALTH AND MI		PART 2 OTHER SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OF CONDITION GIVEN IN PA	ARY I (a).	
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TO MEDICAL EXAMINI EXECUTE THE CRITIFIC PAGE 4 SHOULD BE FA TO FUNERAL DIRECTO AFTER OBSTAN WITH THE BALTMORE, MARYLAN I		ACTUAL SIGNATURE	H	TITLE (SPECIFY)	MEDICAL EXAMINER SIG	TE 3/14/86
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A CONTRACTOR	1	TYPE OF PRINT	es & Boyd M. D.	ADDRESS Leo	nardtown, Maryla:	nd
OF PACE	23a.E	SURIAL, CREMA HON, REMOVAL		EMETERY OR CREMATORY		COUNTY STATE
07/84 BP		Burial	3/17/1986 Arling		Arlington, Arl:	ington, Virgin
DHMH - 17		UNERAL DIRECTOR	ADDRESS		REC'D. BY REGISTRAR 256 REGISTRAR	'S SIGNATURE
(VR A15 ME (5))	W	.Clarke Matt	ingley Leonardtow	n Maryland	MAR 1 7 1986	Midden Randon

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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0-00483	1.	FOR STATE REGISTRAR		DE	PARTMENT	OF HE	ALTH AND MENTAL HYG CATE OF DEATH	IENE 6	0 9	de end		
		CEASED NAME FIRE	it it	WIDOLE		LA	\$1	2a. DATE OF DEATH	MONTH DA	LY YEAR	26 HOUR	
may be page 3		MARY	MADE	LINE	EVAN	IS		January 18			7:08 PM	
frer po	3. SE		4 RACE				BIRTH	6. AGE (IN YEARS LAST BIRT	(HDAY) IF	DNTHS DAYS	IF UNDER 24 HRS	
oge 4		nale	Whi			an.	19,°1′910 ^{YEAR}	75	YRS			
4 2 2 C	7a B	IRTHPLACE (STATE OR FOREIG		N OF WHAT COU	NTRY? 8	ARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
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by the		eonardtown		T IN SUCH FACILITY, GIV	E STREET ADDRES	55)	OTHER INSTITUTION	170 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOMEMAKE	ON F WORKING LIFE) P	12b. KIND O INDUSTRY	OF BUSINESS OR	
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TO HOSPITAL of reformed by the TO FUNERAL should be deto with the Store I MPORTANT: If		Nayan Shah	, M.D.				Leonard town,		20650			
BP	23a.	BURIAL, CREMATION, REMO BURIAL	1/2	2/86			metery or crematory ns Cemetery	Ho I'I'VWOC	d,St.	Mary	s Md.	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	uneral director Clarke Ma	ttingl	ey, Leô	mardt	tow	n, Md.	AR 1 7 1986			URE Pandell	

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January 16, 190o

Legant town, Maryland 19650

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96	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG BICATE OF DEATH	IENE 8 6	0 9	4 1 8
		CEASED NAME FIRST OR PRINT)	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
		GLADYS	ELIZABETH		RIFFIS	March 29	1986	3:30 AM
i i	3. SE		4 RACE	5. DATE C	H DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	PATS HOURS MIN.
		EMALE	WHITE	NOV.	7 1912	73	YRS	
72		RTHPLACE (STATE OR FOREIGN OUNTRY) HIO	U.S.A.	MARRIE	DIVORCED IN	St. Mary		ATH MD
9 Per Per		ty or town of death Leonard town	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE) St. Mary's Hos	ET ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF HOMEMAKE)	ON 12b.	KIND OF BUSINESS OR USTRY
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EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

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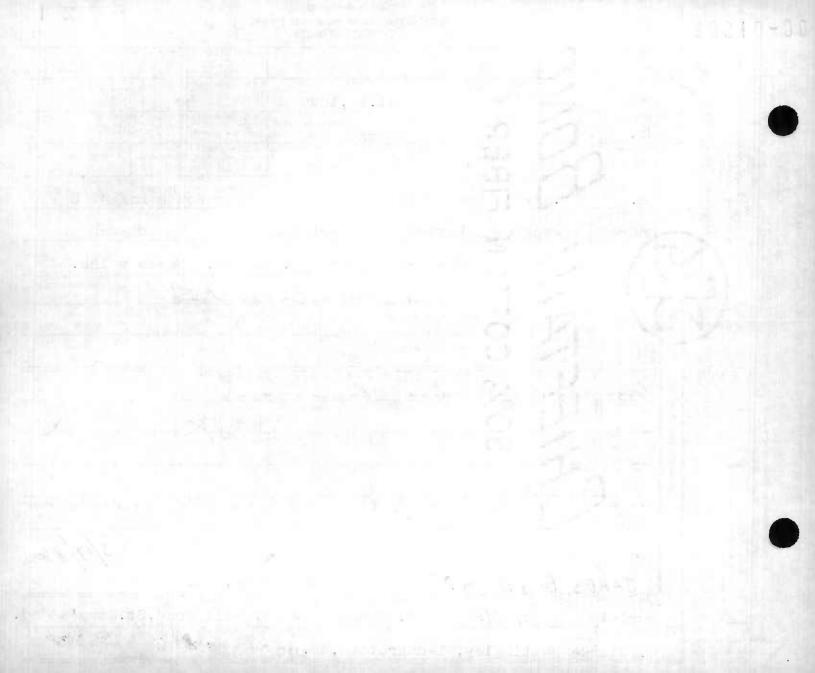
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138	FOR STATE REGISTRAR			DEPARTM	ENT OF H	EALTH AND MENT.			0	9 4	2 0
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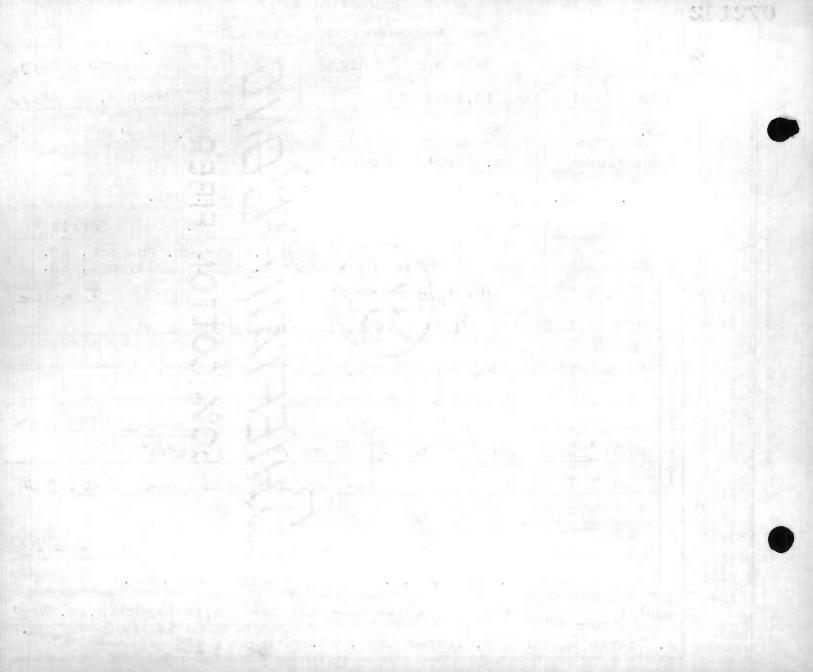


STATE OF MARYLAND

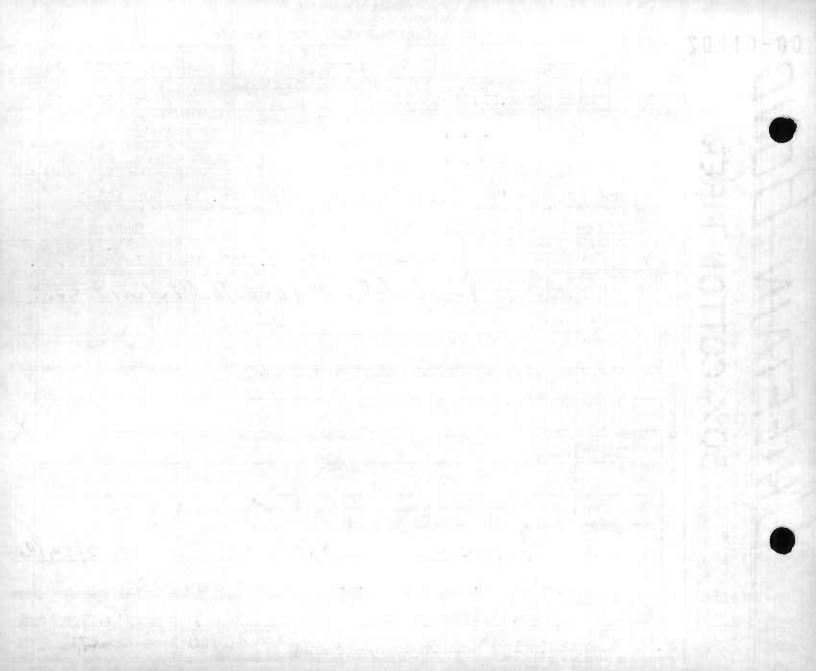
072142 ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 - R YOUR FILES. D, ITHIN 72 HOURS W ES N STREET, Walter Higgs John DEATH MATED | March 4. RACE 6. AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS LAST BIRTHDAY) MONTHS RONOUNCES March 8, May 16,1969 16 YRS White Male DEAD Th CITIZEN OF WHAT COUNTRY? Te. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Md. USA St. Mary's 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS St. Mary's Hospital FOR MOST OF WORKING LIFE) Leonardtown USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS St. Mary's Den. Compton Md. NO IX 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME WITH FORM PM SITE PAGES 1, 2017 PAGES 1 AND 2, DIVISION OF VINE MIDDLE Norris Joseph Higgs Sharon Lawrence 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. LYES NO OR UNKNOWN) Joseph L. Higgs, Sr. Compton, Md. None Hollywood 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E3 SHOULD BE LEDEPARTMENT C YES [21a EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR K OR MEDICAL P.M. 3 CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY 211. LOCATION STREET, FACTORY, FARM, FTC.) NOT WHILE AT WORK EXECUTE THE CERTIFFICATION OF PAGE 4 SHOULD BE FORW.

TO FUNERAL DIRECTOR: PI
AFTER DEATH, WITHALE ST.
BALTIMORE, MARKIAND: 2 22a I certify that I took charge of the remains described above. held on death resulted fram: Homicide Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNATURE EXAMINER'S NAME David C. Allen, M.D. Leonardtown. Md. TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY Charles Memorial Gardens, Leonardtown, St. Mary's 3/11/86 Burial 07/84 BP 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17** "Clarke Mattingle", Leonardtown, Md. (VR A15 ME (5))

STATE OF MARYLAND



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00-	0100,4	1. DE	CEASED NAME OR PRINT)	E F	IRST		MIDDLE			LAST		2a. DAT	E KNOWN		DAY Y	EAR 26 HOUR
	2 5 5 5 F. J.	(11)	CORPRINTS	L	EON				HI	LL		DE AT	TH MATED	□ 3/:	17/19	86
	FCTC FCTC FTRE STRE	3. SEX		4 RACE		DATE OF BIRT	Y YEAR	& AGE (IN YI	EARS IF UN		UNDER 24 HR		ATE	MÖNTH	DAY	YEAR 28 HOUR
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	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PACE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2122	23e. Bl	JRIAL, CREMA							CREMATORY		LOCATION		-	UTV	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

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(1-06	CEASED NAME FIR	51	MIDDLE	(ASI	20 DATE OF DEATH		AR 2b HOUR	
2 31 5	17	GEO	RGE	CYRILL	KOHUT	March 2,	1986	9:56 PM	
1 M	1.5€	Kis Codi	4 RACE		5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI			
-11/		Male	Wh	nite	April 7, 1918	67	YRS	DATS HOURS MIN.	
	/a.8	RTHPLACE LIATE OR FOREK		N OF WHAT COUNTR		9 BALTIMORE CITY	OR COUNTY OF DEAT	Н	
1 PCAD		Md.	US		WIDOWED DIVORCED	St. Mar		MD.	
1 11-11	10 C	TY OR TOWN OF DEATH		IE OF HOSPITAL, NURS T IN SUCH FACILITY, GIVE STRI	SING HOME OR OTHER INSTITUTION EET ADDRESS)	170 USUAL OCCUPAT		KIND OF BUSINESS OR DUSTRY	
11/16	200-11	Leonardtown		St. Mary's	Hospital				
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1 1/00		George	E.	Kohut	Mary			Chizmar	
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uires that the death is igned by the attending on please remane can burial, cremation, an ury, or ather troumati	Z	Canditions, if ony, who gave rise to immedia cause (al., stating a underlying cause to PART 2 OTHER SIGNIFIC	ch tre he DUE	TO, OR AS A CONSEG (b) TO, OR AS A CONSEG (c) INS CONTRIBUTING TO	V	minal diséase or con	ADITION GIVEN IN PA	RT 11a	
hos been in permit. The ene prior it	CERTIFICATION	190 DATE OF OPERATION	19b. C	CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE F IN CERTIFYING CA YES		
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TO HOSPITA retoined by TO FUNERA should be de with the Stot		William		II, M.D.	270 ADDRESS Leonard	town, Md			
BP		URIAL, CREMATION, REM SPECIFY) Burial			NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Cem. St. M	ary's Ci	ty St.Mary	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

W. Clarke Mattingley, Leonardtown, Md.

Trinity Episcopal Cem. St. Mary's City St. M

City St. Marys

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ector s off		MALE	WHITE	3	JAN	1. 26, 1909	77	YRS	HS DAYS	HOURS MIN.
6 38 85	7a B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN O	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
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1 11 0/	10 0	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	170 USUAL OCCUPAT	F WORKING LIFE)	NDUSTRY	BUSINESSOR
11/10		Leonardtown	St.	Mary's H	lospit	al	MECHANICAL	ENGINE	ER(CI	VIL SEF
2 24 24	13a	AL RESIDENCE (IF NURSING HOL STATE 136 C	ME OR OTHER INSTITUTIO	13L CITY OR TOV	E AOMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
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os beer sermit. It se prior le	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	G CAUSES	OF DEATH?
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DHMH - 16 60M 7/B4		UNERAL DIRECTOR		Appress			REC'D. BY REGISTRAR			
(VRA 15, 4)	ED	WARD N. BRINS	FIELD, JF	R., LEONAF	RDTOWN	, MD. MAR	0 19961 Juli	Devidson	Mandel	2

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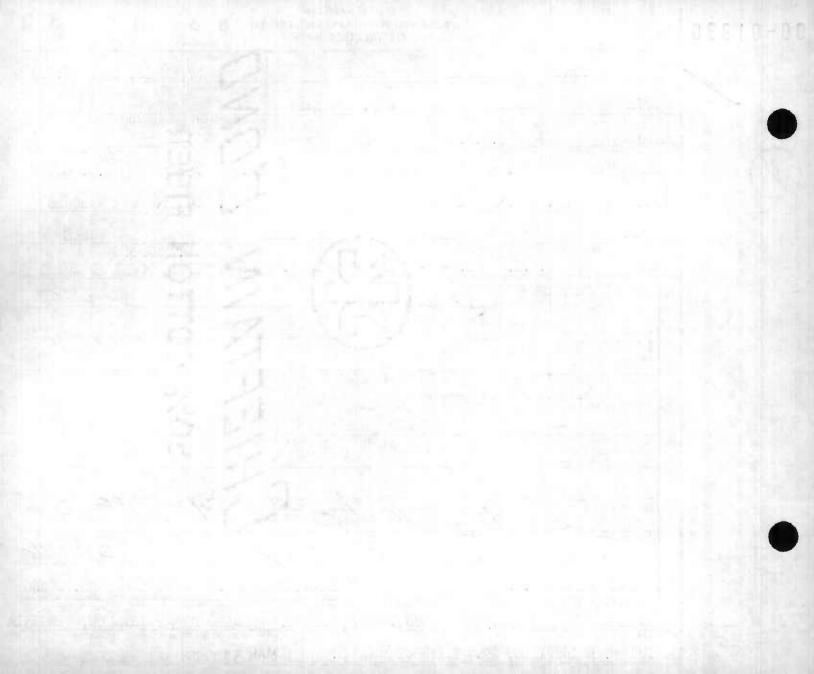
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ge 4 m		MALE	WHITE			1. 15, 1894	92	YRS	HS DAYS	HOURS MIN.
nerol din 72 hor	1	RTHPLACE (STATE OR FOREIGN COUNTRY) NNESOTA		WHAT COUNTRYS	MARRIED WIDOWE	NEVER MARRIED	9 BALTIMORE CIT	ty <u>or</u> county of RY ¹ S	DEATH	MD.
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n and cor	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES) W. I.	166 SOCIAL SECT	URITY NO.	FRANCES I. 7	P	O. BOX 3	96	
NG PHYSICIAN The law requires that the death certificate be executed will oftending physician. When this certificate has been signed by the attending physician and complete as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 th and Mental Hygiene prior to buriol, cremation, or removal. Outed or them 18 shows any injury, or other traumatic event, the medical against		Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause lost	(b)_	r as a consequ	AI					
requires the requires the real signed to the plead for to buriel.	ATION	PART 2 OTHER SIGNIFICANT	: Con	wtose		NOT RELATED TO THE TERM	INAL DISEASE OR C	Q.		
The law con.	CERTIFICATION				TOPERATION		YES NO	IN CERTIFYIN	G CAUSES	OF DEATH?
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UG PHY offending ter this s the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY OFFICE.	EARM ETC)	21f LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
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TALOR A y the has Al DIREC detached detached vote Dept.		226 SIGNATURE	0	The_	K	ATTENDING PHYSICIAN D	MEDICAL DIRECTOR PH	STAFF YSICIAN []	22c. DATE S	LG/86
TO HOSPITA TO FUNERA should be de with the Store		DAVID ALLEN,				MEDICAL ARTS	BLDG., I	LEONARDTO	VN, MD	. 20650
D 5 5 4 3 8	23a E	SURIAL, CREMATION, REMOVAL				METERY OR CREMATORY	23d LOCATION			
BP		BURIAL	3/27/	86 A	RLINGT	ON NATIONAL	ARLING	TON, ARLIN	IGTON,	VIRGINI

DHMH - 16 60M 7/B4 (VRA 15, 4) EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MAR 3 1 1986



		FOR			DEDAREN		OF MARYLAND	tette 30 /	0	0	-7
774	1 -	STATE REGISTRAR					EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO	J.	7 %	3
.6		CEASED NAME F	FIRST	MIDDLE		L/	AST	20 DATE OF DEATH	MONTH DAT	YEAR	26 HOUR
10			ALPH	STUDI	PHEN	MC	ORE	March 1	1986		10:20A
	3. SEX	(4	RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
		ale		Caucasian		Augus	st 7, 1915	70	YRS		
5		MTHPLACE (STATE OR FORE	EIGN 76	CITIZEN OF WHAT	COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
4	We	est Virginia		U.S.A.		WIDOWE	- tend	St. Ma	ry's C	ounty	M
0	10:53			(IF NOT IN SUCH FACIL	LITY, GIVE STREET AD	DRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATE	F WORKING LIFE)	INDUSTRY	BUSINESS OF
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		now the observer.	catalan	view the body ofter	death.		DEGREE		ond noor d		
		nbove (Level) (did)	moi v	1						22c. DATE S	IGNED I
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 072139 CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT FRANCES ALICE MARTE MORGAN March 1, 198 1986 1:00P M 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH HOURS MIN. 1907 Female White Nov. 78 TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY COUNTRY MARRIED WEVER MARRIED Md. USA WIDOWED St. Mary's County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Leonardtown St. Mary's Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b. COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Md. St. Mary' Clements Gen. Del. S NOK 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIODLE LAST FIRST. MIDOLE James Franklin Russell Rose Rebecca Graves remove corbonpopers. Poges 1 **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT [YES NO OR UNKNOWN] (IF YES, GIVE WAR OR GATES) Md.20609 214-72-4834 Francis L. Morgan Avenue. 18 CAUSE OF DEATH (Enter only one cause per limit of PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to n please remove co burial, cremation, a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF or othe underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 0 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO YES NO T 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM, ETC | CITY OF TOWN COUNTY STATE NOT WHILE WHILE 220.1 certify that (1) (this haspital) attended the deceased from 19 86 saw the deceased alive an and that in (my) (our) opinian death accurred an the date and have and from the causes stated above, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE DEGREE lid be detachs the State Deg ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN DRTANT 22e ADDRESS William D. Boyd, 111, M.D. Leonardtown. Md. 20650 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OF TOWN Md. Morganza, St. Marv's Burial 4/86 St. Joseph Cem. BP 250 DATE REC'D BY REGISTRAR SE REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR W. Clarke Mattingley, Leonardtown, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

M7/84 PUNERAL DIRECTOR NAMW. Clarke Mattingley RES Leonardtown,

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MD.

MAR 2 7 1086 Julia Suiden-Rondese MD.

A.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

072143

(VR A15 ME (5))



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 from oth. Page 4 may retained by the haspital ar attending physician.

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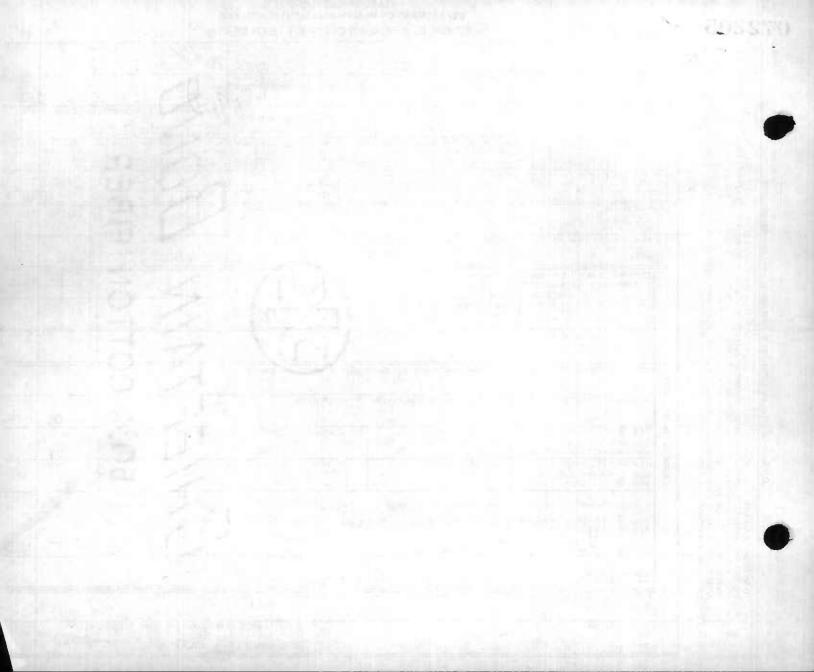
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STATE OF MARYLAND

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o HOSPIT Provinced by TO FUNE MAPORTAN	Jo	hn F. Fe	enwick, M.D.		to; wn, Md. 20650						
ВР	230 BURIAL, CREMA (SPECIFY) Buri	al	March 12, 198	6 Chestnut Grove	Herndon	COUNTY STATE Virgini					
DHMH - 16 60M 7/84 (VRA 15, 4)			is J. Collins, or lvd. West Silv		MAR 1 7 4000	ISTRAR'S SIGNATURE					

58+30-00

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 00-00181 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN X MONTH 2b HOUR (TYPE OR PRINT) DEATH MATED MARCH 1,186 :49 1 MARGARET CROW STUTZ 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 4. RACE 5 DATE OF BIRTH DATE LAST BIRTHDAY) PRONOLINCED SEPT. 8, 1914 FEMALE WHITE 71 YRS MARCH 1. 19 863:49 M TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED FOREIGN COUNTRY) U.S.A. WASHINGTON D.C. ST. MARY'S WIDOWED DIVORCED COUNTY ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY ST. MARY'S HOSPITAL HOMEMAKER LEONARDTOWN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 134 INSIDE (ITY LIMITS? | 13e STREET ADDRESS | BOX 39 N 1136 COUNTY 13c CITY OR TOWN MARYLAND ST. MARY'S LEONARDTOWN 20650 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE HARRY CROW LENA FERRY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT RYPORES 2. BOX 39 N (YES, NO, OR UNKNOWN) LEONARDTOWN, MARYLAND 578-50-3793 NO LAWRENCE O. STUTZ 18 CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Natural causes Undetermined manner Suicide Hamicide ___ SIGNATURE. EXAMINER'S NAME ADDRESS JEFFERSON ST., LEONARDTOWN, MARYLAND WILLIAM D. BOYD, 11 PACE AFTE BATTE M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION CREMATION 3-3-86 HUNTT CREMATORY WALDORF CHARLES MARYLAND 07/84 BP. 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) EDWARD N. BRINSFIELD, JR. LEONARDTOWN, MDC

			FOR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE											s 28				
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